

CITY OF CINCINNATI

DEPARTMENT OF BUILDINGS & INSPECTIONS Business Development and Permit Center 3300 Central Parkway Cincinnati, OH 45225 (513) 352-3271 Fax: (513) 352-1598

Permit Application For HVAC **NUMBER**

Part B — Main Use of Primary Building on Property: (Such as Office, One-Family, Parking Garage, Restaurant, etc.) Present Use:	Project Address		Floor/Suite					
Street Address/City/State/Zip		2011			/			
Street Address/City/State/Zip	Owner	Street Address/City/St	ate/ZIP	Phone	Home / Work			
Part B — Main Use of Primary Building on Property: (Such as Office, One-Family, Parking Garage, Restaurant, etc.) resent Use:	Contractor	Street Address/City/St	ate/Zip	Phone				
Proposed Use: No. of Dwelling Units No. of Dwelling Units No. of Dwelling Units	Contact Person	Street Address/City/St	rate/Zip	Phone	/ Fax			
Part C — Type of Mechanical Equipment	art B — Main Use of Primary Buil	ding on Property: (Such a	s Office, One-Family, Parking Garage, I	Restaurant, etc.)				
Part C — Type of Mechanical Equipment turnace, Up Flow	resent Use:			No. of Dwelling	Units			
turnace, Up Flow	roposed Use:			No. of Dwelling	Units			
In Cond. Electric Gas No. Units Mfg. Name Model No./Efficiency Fuel H. Blub C. Blub C. Blub C. Blub H. Blub C. Blub C. Blub H. Blub C. Blub H. Blub C. Blub C. Blub H. B	art C — Type of Mechanical Equi	pment						
Combined No. Units Mig. Name Model No./Efficiency Fuel H. Blub C. Blub H. Blub C. Blub H. Blub	urnace, Up Flow Counter Flow No	. Units Mfg. Name	Model No./Efficiency	Fuel	Input Btuh			
No. Units Mig. Name Model No./Efficiency Fuel H. Bluh C. Bluh C. Bluh H. Bluh	ir Cond. Electric Gas Mo	. Units Mfg. Name	Model No./Efficiency	Fuel				
Scaler, H.W. Steam Process No. Units Mfg. Name Model No/Efficiency Fuel H. Bitch C. Bitch	Comb. Htg. & A.C No	. Units Mfg. Name	Model No./Efficiency	Fuel	H. Btuh			
No. Units Mig. Name Model No./Efficiency Fuel H. Bitch C. Bitch	leat Pump No	. Units Mfg. Name	Model No./Efficiency	Fuel	H. Btuh			
No. Units Mfg. Name Model No./Efficiency Fuel H. Bruth C. Bruth	Boiler, H.W. Steam Process No	. Units Mfg. Name	Model No./Efficiency	Fuel	H. Btuh			
Note: A separate application for inspection of electrical work must be filed with Inspection Bureau Inc. (IBI) 250 W. Co. Cincinnati, Ohio 45202, Except for 1, 2 & 3 Family Replacement Installations Connected to Existing Branch Co. Cost of Labor and Materials for this Application Only The owner or agent of this building and undersigned, does hereby certify that the information and statements given on the application, drawings, and specifications are to the best of their knowled correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the Department of Buildings and inspections of the described premises at any time wheel price use Correct The undersigned further certifies that consent. Applicant's Signature Processing Fee Process	Init Heater No	. Units Mfg. Name	Model No./Efficiency	Fuel	H. Btuh			
No. Units Mfg. Name Model No./Efficiency Fuel	(itchen Hood & Exhaust Systems No	.Units Mfg. Name	Model No./Efficiency	Fuel				
Replacement Unit: Yes	Hood Fire Suppression System No	.Units Mfg. Name	Model No./Efficiency	Fuel	CFM			
Replacement Unit: Yes No (a) Connection to existing wiring: Yes No (b) Ductwork: New Side Boilers, Cooling Towers and Related Equipment directly connected to Potable Water System (a) Backflow Prevention Device used: ASSE 1012 ASSE 1013 (b) Chemically Treated System: Yes DESCRIPTIONS OF WORK TO BE DONE, LOCATION OF EQUIPMENT, ALTERATIONS, ETC. Note: A separate application for inspection of electrical work must be filed with Inspection Bureau Inc. (IBI) 250 W. Co. Cincinnati, Ohio 45202, Except for 1, 2 & 3 Family Replacement Installations Connected to Existing Branch Co. Cost of Labor and Materials for this Application Only The owner or agent of this building and undersigned, does hereby certify that the information and statements given on the application, drawings, and specifications are to the best of their knowled correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the Department of Buildings and Inspections of the described premises at any time withose premises is ongoing and hereby grants that consent. Applicant's Signature OFFICE USE ONLY BELOW LINE Route To: Processing Fee APPROVALS:	Fireplaces No	. Units Mfg. Name	Model No./Efficiency	Fuel	_			
Boilers, Cooling Towers and Related Equipment directly connected to Potable Water System (a) Backflow Prevention Device used: ASSE 1012 ASSE 1013 (b) Chemically Treated System: Yes DESCRIPTIONS OF WORK TO BE DONE, LOCATION OF EQUIPMENT, ALTERATIONS, ETC. Note: A separate application for inspection of electrical work must be filed with Inspection Bureau Inc. (IBI) 250 W. Co. Cincinnati, Ohio 45202, Except for 1, 2 & 3 Family Replacement Installations Connected to Existing Branch Co. Cost of Labor and Materials for this Application Only The owner or agent of this building and undersigned, does hereby certify that the information and statements given on the application, drawings, and specifications are to the best of their knowled correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the Department of Buildings and Inspections of the described premises at any time withose premises is ongoing and hereby grants that consent. Applicant's Signature OFFICE USE ONLY BELOW LINE Processing Fee APPROVALS:	Other No	. Units Mfg. Name	Model No./Efficiency					
Cincinnati, Ohio 45202, Except for 1, 2 & 3 Family Replacement Installations Connected to Existing Branch C Cost of Labor and Materials for this Application Only The owner or agent of this building and undersigned, does hereby certify that the information and statements given on the application, drawings, and specifications are to the best of their knowled correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspections of the described premises at any time without the properties of the Department of Buildings and Inspection of the described premises at any time without the properties of the Department of Buildings and Inspection of the Department o	(a) Backflow Prevention Device	used: ASSE 1012 □	ASSE 1013 ☐ (b) Chemically	Treated System	n: Yes □ No l			
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Applicant's Signature OFFICE USE ONLY BELOW LINE Route To: Processing Fee APPROVALS:	The owner or agent of this building and undersigned, do correct. The undersigned further certifies their authoriza	es hereby certify that the information and tion to grant consent to the inspection by ent.	d statements given on the application, drawings, and s employees of the Department of Buildings and Inspec	pecifications are to the b tions of the described pre	est of their knowledge, tr emises at any time when v			
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APPROVALS:								
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	APPROVALS:							
	Zoning	Date	Building		Date			

COMPLETE FOR NEW ONE, TWO & THREE FAMILY BUILDINGS AND WHERE OTHERWISE APPLICABLE

Floor	NAME OF ROOM	HEAT LOSS WARM AIR	Radiation	GAIN	AIR	IATION				
	1100141	HOT WATER STEAM	Electric	Air Conditioning	HEATING AND/OR Air Cond.	H.W. OR STEAM	NUMBER OF OUTLETS PER	AREA	GRILLES FREE AREA	AREA
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OFFICE USE ONLY	Census Tract		
Zoning District	Use Group		

TYPE OF PERMIT	AMOUNT	ISSUED BY	DATE	NUMBER
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